

# **INSTRUCTIONS FOR BEHAVIORAL HEALTH LICENSING APPLICATION**

## **I. AGENCY INFORMATION**

Self explanatory – Refer to Arizona Administrative Code, Title 9, Chapter 20, Behavioral Health Agency, as referenced in the application.

Entity Affiliation – If the agency contracts with or receives funding as a subcontractor of a Regional Behavioral Health Authority, indicate all affiliations that are applicable. If none, indicate N/A. If the agency has accreditation, indicate the accrediting organization, and month, day, and year of accreditation period.

## **II. OWNER INFORMATION**

If the behavioral health facility is to be operated as a non-profit organization or a government agency, the name, title, address, and phone number of the Chief Executive Officer must be shown in this block. If additional space is required, a separate sheet may be used to provide additional information.

If ownership is by an individual, the individual's name must be shown in this block. If ownership is by a partnership, at least two general partners' names and addresses, other than the facility, must be shown.

Licensure/Applicant History – Any "YES" response requires a separate attachment, which provides applicable detailed information.

Statutory Agent – Refer to Arizona Administrative Code Title 9, Chapter 20, Definitions.

## **III. GOVERNING AUTHORITY**

Refer to Arizona Administrative Code Title 9, Chapter 20, Definitions.

## **IV. CHIEF ADMINISTRATIVE OFFICER**

Indicate the name of the chief administrative officer who is responsible for implementing the policies and ensuring that all Department rules are in compliance. The name of the alternative administrative officer, who is designated to assume the duties in the absence of the chief administrative officer, must also be indicated. IF THERE IS A CHANGE OF THIS DESIGNEE DURING THE LICENSING PERIOD, THE OFFICE OF BEHAVIORAL HEALTH LICENSING MUST BE NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE CHANGE.

Program Description – This description should be a stand-alone document that is detailed and specific as indicated in R9-20-201(A)(2). All information must be included and not referenced by policy or rule. If more than one license is being sought, or more than one type of service will be offered, a separate description must be attached for each.

"Branch Office" Information – As per R9-20-101.19 A "Branch Office" is an off-site office used periodically but less than 20 hours per week by an outpatient clinic or an outpatient program offered by a hospital licensed pursuant to A.A.C. Title 9, Chapter 10, Articles 2,3, or 4.

Organization Chart – Must indicate all staff who provide behavioral health services, as well as administrative and supervisory line of authority within the program or agency.

## **V. APPROVAL OF DUI FACILITIES**

These requirements are to be completed only if the applicant is applying for approval as a DUI Service Agency.

## **VI. SIGNATURES**

A.R.S. § 36-422.b STATES, "The application shall be signed, in the case of an individual, by the owner of the health care institution, or in the case of a partnership or a corporation, by two of the officers hereof, or by principle board member if a single person corporation, or in the case of a governmental unit, by the head of the governmental department having jurisdiction thereof." Signature(s) must be notarized prior to submitting the license application.